

Work Order ID 93734

93734

Page 1

November-27-12 10:46:39 AM

Item ID: D3689-1

Accept

N9000040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: SLEEVE

Start Date: 11/22/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 12-11-27 Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start

NR1

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D3689

Rev B

100

0.00

100

DOOSAN LATHE

Doosan

Memo

0.00

Doosan Lathe

1- Turn as per Folio FA722 Rev: 1/A & Dwg D3689 Rev: 13
2-CHECK THREAD WITH GO-NO GO GAUGE DT9450 A & B
3-Deburr per dwg D3689

13-3-16

11

DA
13
89

110

0.00

110

QC2- Inspect parts off machine FAI/FAIB

QC

Memo

0.00

Quality Control

13-3-16

11

DA
13
89

120

0.00

120

CONVENTIONAL MILLING MACHINE

Mill Conv

Memo

0.00

Conventional Milling Machine

C'sink .188" holes as per dwg D3689

13-3-16

11

DA
13
89

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

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93734

November-27-12 10:46:39 AM

N900040100

Setup Start *NS1*

Stop *NS2*

Stop *NS2*

10

Cust Item ID:

10

Customer:

Reference:

Run Start *NR1*

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Operation Description

Set Up/ Run Hours

Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
---------	--------	-----------	------------	------------	---------------	-------------

160

Receive & Inspect for Damage & Mat'l Certs

0.00

160

Packaging

Memo

0.00

Packaging

Ensure certificate of conformity is attached

170

QC5- Inspect part completeness to step on W/O

0.00

170

QC

Memo

0.00

Quality Control

180

Identify as per dwg & Stock Location: _____

0.00

180

Packaging

Memo

0.00

Packaging

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Work Order ID 93734***93734***

Page 4

November-27-12 10:46:39 AM

Item ID: D3689-1

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: SLEEVE

Start Date: 11/22/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start ***NR1***

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

190

QC

Memo

0.00

Quality Control

13/4/4

13-04-4

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

November-27-12 10:46:38 AM

Page 1

Work Order ID: 93734

Parent Item: D3689-1

Parent Item Name: SLEEVE

Start Date: 11/22/12

Required Date: 12/07/12

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP Rev:A New Issue 08-02-11 JLM Verified By:EC
 IPP Rev:B Material Change 09-01-07 JLM Verified By:EC
 IPP Rev:C Add note on material cutting JLM Verified By:JM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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M174PH-H900R1.375

Purchased

No

100

f

99.9707

0.5

5.263158

13-3-16

17-4 SS H900 ROUND BAR 1.375

Location

Loc Qty

Loc Code

MAT030

99.9707

111123

12.7507

121280

27.22

121918

24

123446

36

5.5 ft

DA
13
89

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
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Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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DART AEROSPACE LTD		Work Order: 93734
Description: Sleeve		Part Number: D3689-1
Inspection Dwg: D3689	Rev: B	Page 1 of 1

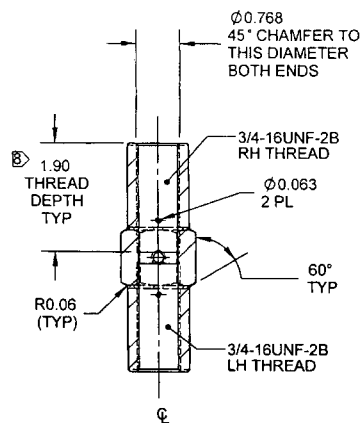
FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article
 ☐ Prototype

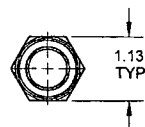
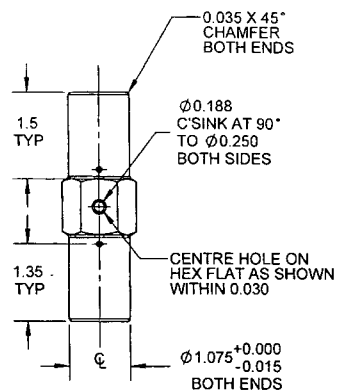
Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
1.90	+/-0.030	1.90	/			
Ø0.768	+/-0.010	0.768	/			
Ø0.063	+0.005/-0.001	0.062	/			
R0.06	+/-0.030	R.031	/			
3/4-16UNF-2B	N/A		/			
0.035 x 45°	+/-0.010 x 0.5°	0.035 x 45°	/			
1.5	+/-0.030	1.490	/			
1.35	+/-0.030	1.35	/			
Ø0.188	+0.005/-0.001	0.188	/			
60°	0.5°	60°	/			
Ø0.250	+/-0.010	0.250	/			
Ø1.075	+0.000/-0.015	1.069	/			
1.13	+/-0.030	1.132	/			
4.00	+/-0.030	3.998	/			

Measured by: DAS	Audited by: DAS	Prototype Approval:	N/A
Date: 13-3-16	Date: 13/03/16	Date:	N/A

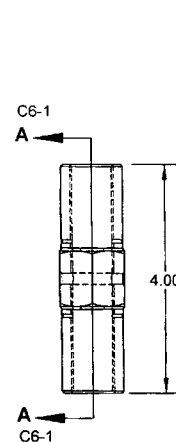
Rev	Date	Change	Revised by	Approved
A	09.05.11	New Issue	KJ	



SECTION A-A
D3-1



D3689-1 SLEEVE



SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT

WITHOUT NOTICE
WORK ORDER

NO. 93734 MLS

12-11-27

RELEASED
08/12/15 MJB

- NOTES:**
- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5843 H-900 CONDITION
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: NONE
 - 7) WEIGHT: 0.67 lb
 - 8) DIMENSION SHOWN IS MINIMUM DEPTH OF FULL THREAD
 - 9) LPI PER ASTM 1417 LEVEL 2

B	CHANGE TO 17-4PH H-900 (ZN A8-1); REFORMATTED TO CURRENT DWG STANDARDS	RF	08.11.24
A	NEW ISSUE	RF	08.05.22
REV.		BY	DATE
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	RF	DRAWING NO.	REV. B
MFG. APPR.	RF	D3689	SHEET 1 OF 1
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	SLEEVE	NTS
DATE	08.11.24	<small>COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	



LIQUID PENETRANT TEST REPORT

P- 12156

CLIENT	Dart Aerospace	DATE	April 2 2012	PAGE	1	OF	1	
ATTENTION	Chantale Linda, Andy	ACUREN JOB NO.	188-13-C0233	TIME	AM	<input checked="" type="checkbox"/>	PM	<input type="checkbox"/>
ADDRESS	1270 Aberdeen St Hawkesbury, on	PO/NO No.		WORK LOCATION	As Address			
PROJECT	Pt - wet Fluorescent Liquid penetrant Inspection	ACCEPTANCE STD.	ASTM 1417/2007	REV./DATE	2005			
ITEM(S) EXAMINED	- See Below							

JOB DESCRIPTION	PROCEDURE No. LT-002	REV./DATE	2009	TECHNIQUE No. LT-002	REV./DATE	2009
PART NO.		MATERIAL	Aluminium / s/s	THICKNESS	N/A	
SCOPE	Performed a wet FLO L.P.I. on 100% of the external surface on Items mentioned Below.					

TEST DETAILS	
METHOD	<input checked="" type="checkbox"/> FLUORESCENT <input type="checkbox"/> VISIBLE
FAMILY BRAND	MagnaFlux
PENETRANT	22-67
PENETRANT REMOVER	H2O
DEVELOPER	SKD-52
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS <input type="checkbox"/> AQUEOUS <input type="checkbox"/> DRY
MINIMUM DWELL TIME	45 MIN.
MINIMUM DRY TIME	>10 MIN.
MINIMUM DWELL TIME	20 MIN.
WATER WASH	<input type="checkbox"/> SOLVENT REMOVABLE <input type="checkbox"/> POST EMULSIFIED
BLACK LIGHT S/N	13790
OUTPUT > 1000 μ W/cm ²	<input type="checkbox"/> AMBIENT < 2 fc
LIGHTING EQUIP.	<input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT <input type="checkbox"/> OUTPUT > 100 fc @ SURFACE
OTHER	
LIGHT METER S/N	1092866
CAL DUE DATE	Oct 2013

TEST SURFACE	
SURFACE CONDITION	<input type="checkbox"/> AS GROUND <input type="checkbox"/> AS WELDED <input checked="" type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input checked="" type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/20°F <input type="checkbox"/> -4°C/20°F TO 10°C/50°F <input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F <input type="checkbox"/> > 52°C/125°F

RESULTS-	<input type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL
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ITEM	COMMENTS	ACCEPT	REJECT
1	Cross tube Mid Fuel Blue, w.o ID 96873	✓	
2	Cross tube Mid Fuel Blue, w.o ID 96874	✓	
3	Cross tube Mid Fuel Blue, w.o ID 98132	✓	
4	Cross tube Mid Fuel Blue, w.o ID 98133	✓	
5	30x Sleeve, w.o ID 81731	✓	
6	10x Sleeve, w.o ID 87209	✓	
7	10x Sleeve, w.o ID 98784	✓	

No Relevant Indications was detected As per applicable standard at the time of Inspection.

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE	Andy Sheldon	SIGNATURE	DTR # E-120397
TECHNICIAN (SIGNATURE):	Alexandre McHaud	REPORT REVIEWED BY:	
NAME (PRINT):	Alexandre McHaud	NAME	INITIALS
CGSB LEVEL	2 SNT LEVEL	CGSB LEVEL	SNT LEVEL
CGSB REG. NO.	10140	CGSB REG. NO.	

WHITE - CLIENT COPY

CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY